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ABSTRACT

This booklet explains how the Supplemental Security Income (SSI) program can provide benefits to children with disabilities. Eligibility for SSI benefits depends on meeting both income and resources limits as well as demonstrating the existence of restrictions in the child's daily life due to physical or mental impairment. Topics addressed include: verification of continuing eligibility for SSI benefits; representative payees; definition of disability for children; the role of the school professional; description of other information needed from teachers and other educational personnel; and how this information is used. (DB

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Childhood Disability Under the Social Security Administration's Supplemental Security Income program

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A GUIDE FOR SCHOOL PROFESSIONALS

EC 303202

INTRODUCTION

Under the Supplemental Security Income (SSI) program, Social Security can provide benefits to children with disabilities. A child who is eligible for Federal SSI cash benefits is also eligible depending on the State, for State supplemental payments, Medicaid, Food Stamps and other social services. This financial, medical and rehabilitation services support may enable a child to achieve a level of functioning that gives him or her a significant degree of self support. When this support is coupled with various work incentives provided by the disability program, it can ultimately lead a child to independence so that he or she can leave the disability rolls.

Eligibility for SSI benefits depends on meeting both income and resources limits as well as proving the existence of restrictions in the child's daily activities caused by a physical or mental impairment. The local Social Security office decides if a child's (and parents') income and resources are within the SSI limits. The Disability Determination Services (DDS) obtains the necessary information and makes the *medical* decision in childhood disability claims.

Income includes earnings, social security checks, pensions, and noncash items such as food, clothing or shelter. The SSI benefit payable each month is affected by other income an individual has. Payments also vary by State because some States add supplements to the Federal benefit.

Resources include things like bank accounts stocks, bonds, and property. Certain things do not count such as personal belongings, the family home and family car. Retroactive benefits that are not spent right away do not count as resources in the SSI program for six months after they are received. In order to be eligible, countable resources need to be no more than $2,000 for an individual and $3,000 for a couple.

How SSA Verifies Continuing Eligibility for SSI Benefits

Social Security reviews every SSI case from time to time to make sure that people getting benefits should still get them and are

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getting the right amount. Also, SSI beneficiaries (or their payees) are required to report any changes in their situations, such as changes in income, resources, household composition, school attendance, marital status, and improvement in medical condition.

Representative Payees

When a child is eligible, benefits are usually paid to a responsible person, known as a representative payee. Typically parents or other relatives with whom the child lives serve as payee. The payments must be spent for the use and benefit of the child. The payee's first priority is to ensure the child's current needs are being met. This includes food, clothing, shelter, medical care and personal comfort items. Once these needs are met, funds can be spent on other items such as life insurance, burial arrangements, needed renovations to make the child's home safer or more accessible, furnishings for the child's use, medical equipment, dental care, and school expenses. Each year payees are required to account for how benefits are used.

If you believe a representative payee is misusing a child's benefits, you should call the local Social Security Office.

DEFINITION OF DISABILITY FOR CHILDREN

A child is considered disabled if:

- he or she has a medically determinable physical or mental impairment (or combination of impairments); and
- the impairment(s) has lasted (or is expected to last)for at least one year or to result in death; and
- the limitations caused by the impairment(s) substantially reduce the child's ability to do the things and behave in the ways that children of a similar age normally do.

What is a medically determinable physical or mental impairment?

To meet our definition, a child's impairment must result from anatomical, physiological, or psychological abnormalities that are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. In addition, the impairment must be documented by signs, symptoms and laboratory findings from an

acceptable medical source.

Who are considered acceptable medical sources?

- licensed physicians
- licensed osteopaths
- licensed or certified psychologists
- licensed optometrists (for the measurement of visual fields or acuity)
- other individuals authorized to send us copies or summaries of the medical records from a hospital, clinic, or other health care facility.

IN ADDITION TO THE MEDICAL INFORMATION PROVIDED BY THE ABOVE, WE ASK OTHER SOURCES WHO MAY PROVIDE INSIGHT INTO A CHILD'S FUNCTIONING, TO PROVIDE SUPPORTING INFORMATION. THESE SOURCES INCLUDE PARENTS, GUARDIANS AND OTHER CARE GIVERS, SCHOOLS, PUBLIC AND PRIVATE SOCIAL WELFARE AGENCIES, AUDIOLOGISTS, ETC. EDUCATORS AND OTHER SCHOOL PROFESSIONALS (COUNSELORS, NURSES SPEECH THERAPISTS, ETC.) IN PARTICULAR, CAN PROVIDE THE SPECIFIC, RELIABLE INFORMATION WE NEED ON HOW THE CHILD HAS FUNCTIONED IN SCHOOL OVER THE LAST 12 MONTHS. THIS INFORMATION GIVES US AN INSIGHT INTO THE CHILD'S DAY-TO-DAY FUNCTIONING, WHICH IS VERY IMPORTANT IN DETERMINING CHILDHOOD DISABILITY.

ROLE OF THE SCHOOL PROFESSIONAL

School records and contact with appropriate educational personnel are two of the best sources of evidence about how a school-age child is functioning, and whether there have been changes in the child's functioning over the past year.

School administrators are asked to ensure that appropriate points of contact are set up year round. This is vitally important to ensure timely disability decisions for children throughout the year, *especially during the summer*.

In general, we ask school professionals to provide copies of:

- SCHOOL RECORDS including records of:
- academic performance, psychological evaluation, attendance and behavior;
- standardized and other specialized testing;
- school-based therapeutic interventions(e.g.,speech and language therapy) and the use of other special services, including placement in special education classes or other specially adapted settings;
- individual educational plans; and
- other periodic assessments of the child.

- ASSESSMENTS BY TEACHERS AND OTHER QUALIFIED PERSONNEL about the child's ability to perform age-appropriate activities.

DESCRIPTION OF OTHER INFORMATION WE NEED FROM TEACHERS AND OTHER EDUCATIONAL PERSONNEL

Information about a child's activities creates a profile of how a child functions, i.e., what a child does and what he or she is able to do. This makes possible a comparison between the child's profile and the activities that are age-appropriate for that child.

SSA considers all of the mental and physical limitations resulting from a child's impairment(s). We address those limitations in terms of the following broad areas of development of functioning:

- Cognition (all ages) — the ability to learn, and to retain, use, and manifest acquired knowledge. Comment on the child's academic performance and academic abilities.

- Communication (all ages) — the ability to receive, comprehend, and express messages; the ability to speak audibly, intelligibly, and efficiently. Can the child's speech be understood and can the child understand others? Is any therapy being received or is therapy needed? If so, give details.

- Motor abilities (all ages) — the ability to use the body in both fine and gross motions and activities. Describe any physical problems that you have noticed. If physical activities are limited, please describe in what way they are limited.

- Social development (all ages) — the ability to form, develop, and sustain relationships; to respond and conduct oneself appropriately in social contexts. Is there appropriate peer interaction? How does the child react to authority figures?

- Personal/behavioral development (1-18 years) — the ability to engage in self-help, self-regulation, self-improvement, self-protection,and self-control. Any problems? Comment on behavior and any need for special supervision.

- Concentration, persistence and pace (ages 3-18) -the ability to sustain focus on an activity or task and to perform and/or complete it at a reasonable rate. Please comment on the child's ability to engage and sustain an activity for a period of time and at an appropriate pace.

The child's abilities, limitations and behavior should be described as specifically as possible. For example, "shouts at and shoves other children when teased about impairment 1-2 times per week" provides clearer and more useful information than "gets in fights frequently."

All requests for this information will be accompanied by a release-of-information form signed by a parent or guardian(and/or by the child, if appropriate).

HOW THIS INFORMATION IS USED

The totality of information provided by teachers, counselors, parents, caregivers, etc., is combined with the medical evidence to complete the picture of the child's functioning compared to other children of the same age. A complete picture is necessary in order for the DDS to make the disability decision. No one factor, e.g., participation in a special education program or behavior in school,is used as the sole basis for a finding of disability.

FOR FURTHER INFORMATION, PLEASE CONTACT:

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